2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M50111

1. Entity Name
C.S.C. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9809 SUNSET DRIVE	9809 SUNSET DRIVE
MIAMI, FL 33173	MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0051546	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS E
CHADROFF, TERMINELLO & TERMINELLO
2700 SW 37TH AVE
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000346111
0473070S-80062-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIRSH, CHRIS E.
STREET ADDRESS	9733 SW 93RD TERR
CITY-ST-ZIP	MIAMI, FL

TITLE	V
NAME	GRAVES, CASSANDRA L.
STREET ADDRESS	9733 SW 93RD TERR.
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _CHRIS E HIRSH_   4-26-05   305·271·7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #